

# VOLUME 1

## APPENDIX C Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD WEST TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>				<p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/15/2014</p>	
<p>Date:      <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>					
<p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100002</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLNVILLE NETWRKS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Shirley Manning</span></p>				<p><small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvill netwrks,l= , Date:5/15/2014</small></p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Shirley Manning</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">207-563-9941</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Dawna Hannan</b></p>				<p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/15/2014</p>	
<p>Date:      <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Dawna Hannan</b></p>					
<p>Title or position of Authorized Officer:      <b>Director Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer:      <b>207-333-3455</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TREE TEL LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100020</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SACO RIVER TEL LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,lc= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100022</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>William S. Silsby, Jr.</i>			Date 05/16/2014
Printed name of Authorized Officer William S. Silsby, Jr.			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (207) 584-9911 ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>UNITEL, INC.</b>					
Signature of Authorized Officer: <b>Laurie Osgood</b>				<small>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,l=Unity ME 04988-0165, Date:5/15/2014</small> Date: <b>5/15/2014</b>	
Printed name of Authorized Officer: <b>Laurie Osgood</b>					
Title or position of Authorized Officer: <b>CEO/President</b>					
Telephone number of Authorized Officer: <b>207-948-9952</b>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MID-MAINE TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,lc= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">103315</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, Date:10/30/2014	
Date: 10/30/2014					
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,lc= , Date:12/19/2014</small> Date: 12/19/2014	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRANBY TEL LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, = , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">256-586-1420</span></p>					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHMOND TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Drake Jr.</span></p>				<p><small>Digitally signed by Richard Drake Jr. DN:cn=Richard Drake Jr.,email=rdrake@cstel.com,O=richmond tel co,l=Troy NY 12180, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Drake Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-328-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">110037</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Bretton Woods Telephone Company, Inc.	
Signature of Authorized Officer		Date 5/15/2014	
Printed name of Authorized Officer		Art Nicholson	
Title or position of Authorized Officer		V.P. Operations	
Telephone number of Authorized Officer:		(603) 278-9911 ext.	
Study Area Code of Reporting Carrier	120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRANITE STATE TEL					
Signature of Authorized Officer: Susan King				<small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Susan King					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-529-9941					
Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DIXVILLE TEL CO					
Signature of Authorized Officer: Ann Walsh				<small>Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Ann Walsh					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 781-402-1731					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>				<p>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014</p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">603-774-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FRANKLIN TEL CO - VT					
Signature of Authorized Officer: Kimberly Gates Maynard				<small>Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel co - vt,l=Franklin VT 05457, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Kimberly Gates Maynard					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 802-285-9911					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHOREHAM TEL.					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier		Topsham Telephone, Inc.	
Signature of Authorized Officer		Date 5/20/14	
Printed name of Authorized Officer		Donald A. Ceresoli, Jr.	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer		315-324-5911 ext.	
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>WAITSFIELD/FAYSTON</b>					
Signature of Authorized Officer: <b>Roger Nishi</b>				<small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer: <b>Roger Nishi</b>					
Title or position of Authorized Officer: <b>Vice President - Industry Relations</b>					
Telephone number of Authorized Officer: <b>802-496-8336</b>					
Study Area Code of Reporting Carrier	<b>140069</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VERMONT TEL. CO-VT					
Signature of Authorized Officer: Fran Stocker				<small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt, Date:5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Fran Stocker					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 802-885-7745					
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL CO-NY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Ranko</span></p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l=, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Ranko</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150071</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

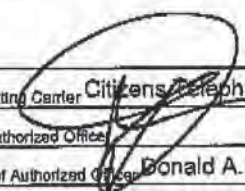
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASSADAGA TEL CORP					
Signature of Authorized Officer: Bruce Clark				<small>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: Bruce Clark					
Title or position of Authorized Officer: Vice President of Finance					
Telephone number of Authorized Officer: 716-673-3083					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>				<p><small>Digitally signed by Mark Webster DN: cn=Mark Webster, email=mwebster@champlaintelephone.com, O=champlain tel co, l=Champlain NY 12919, Date: 5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Webster</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-298-2480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150077</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>CHAZY AND WESTPORT TELEPHONE CORPORATION</b>			
Signature of Authorized Officer 			Date <b>5/12/2014</b>
Printed name of Authorized Officer <b>JAMES P. FORCIER</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(518) 962-8211, ext.</b>			
Study Area Code of Reporting Carrier	<b>150079</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
			
Name of Reporting Carrier		Citizens Telephone Company, Inc.	
Signature of Authorized Officer		Date 5/20/14	
Printed name of Authorized Officer		Donald A. Ceresoli, Jr.	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer:		315-324-5911, ext.	
Study Area Code of Reporting Carrier	150081	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROWN POINT TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>				<p>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/13/2014</p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Shana Macey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-597-3300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150085</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DELHI TEL CO					
Signature of Authorized Officer: Jason Miller				<small>Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Jason Miller					
Title or position of Authorized Officer: Vice President/Treasurer					
Telephone number of Authorized Officer: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNKIRK &amp; FREDONIA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>				<p><small>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=dunkirk &amp; fredonia,l=Fredonia NY 14063-0209, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Clark</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">716-673-3083</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150091</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150093</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FISHERS ISLAND TEL					
Signature of Authorized Officer: J. Finan				<small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: J. Finan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GERMANTOWN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Bohnsack</span></p>				<p><small>Digitally signed by Bruce Bohnsack DN: cn=Bruce Bohnsack, email=bruceb@gtel.net, O=germantown tel co, l=Germantown NY 12526, Date: 5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Bohnsack</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-537-4835</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150097</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HANCOCK TEL CO					
Signature of Authorized Officer: Robert Wrighter, Jr				Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/16/2014 Date: 5/16/2014	
Printed name of Authorized Officer: Robert Wrighter, Jr					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>				<p><small>Digitally signed by Glen Faulkner DN: cn=Glen Faulkner, email=mtcgf@catskill.net, O=margaretville tel co, l=Margaretville NY 12455, Date: 5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Glen Faulkner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Asst Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">845-586-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDDLEBURGH TEL CO					
Signature of Authorized Officer: Marjorie Becker				<small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Marjorie Becker					
Title or position of Authorized Officer: CEO & General Manager					
Telephone number of Authorized Officer: 518-827-5211					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></p>				<p><small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joseph Tomaino</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">315-845-8112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150107</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NICHOLVILLE TEL CO					
Signature of Authorized Officer: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: Vice President/CIO					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Ellis</span></p>				<p><small>Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,lc= , Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Ellis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">315-624-2000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150111</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ONTARIO TEL CO, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sean Socha</b></p>				<p>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer: <b>Sean Socha</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>585-433-6666</b></p>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PATTERSONVILLE TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tammy Krisher</span></p>				<p><small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Krisher</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-887-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150116</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>STATE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Mark Evans</b></p>				<p>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co, Inc., Date:5/12/2014</p>	
<p>Date:      <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Mark Evans</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-731-6128</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150125</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRUMANSBURG TEL CO.					
Signature of Authorized Officer: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Sean Socha					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 585-433-6666					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Altera of Warwick LLC</u>			
Signature of Authorized Officer <u>Jennifer M Brown</u>		Date <u>5/16/2014</u>	
Printed name of Authorized Officer <u>Jennifer M Brown</u>			
Title or position of Authorized Officer <u>Corporate Secretary, Executive VP and Chief Administrative Officer</u>			
Telephone number of Authorized Officer: <u>267.234.7300 ext. 1</u>			
Study Area Code of Reporting Carrier <u>150135</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Altera of Warwick LLC		
Signature of Authorized Officer	<i>Jennifer M Brown</i>	Date	5/16/2014
Printed name of Authorized Officer	Jennifer M Brown		
Title or position of Authorized Officer	Corporate Secretary, Executive VP and Chief Administrative Officer		
Telephone number of Authorized Officer:	263234-7300 ext.		
Study Area Code of Reporting Carrier	160/35	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CITIZENS - KECKSBURG					
Signature of Authorized Officer: Dennis Cutrell				<small>Digitally signed by Dennis Cutrell DN:cn=Dennis Cutrell,email=telco@wpa.net,O=citizens - kecksburg,l=Mammoth PA 15664-0156, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Dennis Cutrell					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 724-424-4444					
Study Area Code of Reporting Carrier	170156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Grier Adamson</span></p>				<p><small>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Grier Adamson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-356-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170171</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LACKAWAXEN TELECOM					
Signature of Authorized Officer: Deborah Szmyd				<small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Deborah Szmyd					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 570-685-1096					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Laurel Highland Telephone Company</b>			
Signature of Authorized Officer 			Date <b>05/16/2014</b>
Printed name of Authorized Officer <b>James J. Kail</b>			
Title or position of Authorized Officer <b>President/CEO</b>			
Telephone number of Authorized Officer: <b>(724) 593-2411</b> ext.			
Study Area Code of Reporting Carrier	<b>170179</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ARMSTRONG TEL CO-PA</b>					
Signature of Authorized Officer: <b>James Ranko</b>				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,lc=, Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer: <b>James Ranko</b>					
Title or position of Authorized Officer: <b>Controller</b>					
Telephone number of Authorized Officer: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>170189</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH-EASTERN PA TEL					
Signature of Authorized Officer: Thomas Mendicino				<small>Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: Thomas Mendicino					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 570-785-2210					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH PENN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014</p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170192</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL NORTH					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north, = , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMERTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Lager</span></p>				<p>Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,l=Palmerton PA 18071, Date:5/15/2014</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Lager</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">610-826-9272</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170196</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

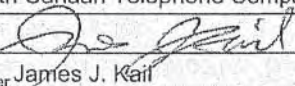
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENNSYLVANIA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary Davis</span></p>				<p><small>Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Davis</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">570-745-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170197</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PYMATUNING IND TEL</p>					
<p>Signature of Authorized Officer: <b>Deborah Nobles</b></p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,lc= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

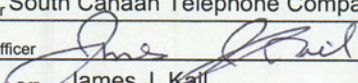
<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>South Canaan Telephone Company</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>05/16/2014</b></p>
<p>Printed name of Authorized Officer <b>James J. Kail</b></p>			
<p>Title or position of Authorized Officer <b>President/CEO</b></p>			
<p>Telephone number of Authorized Officer: <b>(724) 593-2411</b> ext.</p>			
<p>Study Area Code of Reporting Carrier <b>170205</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier South Canaan Telephone Company			
Signature of Authorized Officer 			Date 11/4/2014
Printed name of Authorized Officer James J. Kall			
Title or position of Authorized Officer President & CEO			
Telephone number of Authorized Officer: (724) 593-2411 ext.			
Study Area Code of Reporting Carrier	170205	Filing Due Date for this form (mm/dd/yyyy) 11/14/14	November 2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager and Asst. Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">814-354-6400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Yukon-Waltz Telephone Company			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer James J. Kall			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (724) 593-2411 ext.			
Study Area Code of Reporting Carrier	170215	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			




TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST SIDE TEL CO-PA					
Signature of Authorized Officer: John Ludenia				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa, Inc., Date:5/16/2014</small> Date: 5/16/2014	
Printed name of Authorized Officer: John Ludenia					
Title or position of Authorized Officer: V.P. Operations, General manager					
Telephone number of Authorized Officer: 304-983-8642					
Study Area Code of Reporting Carrier	170277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ARMSTRONG TEL OF MD					
Signature of Authorized Officer: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lc=, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: James Ranko					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 724-283-0925					
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Buggs Island Telephone Cooperative			
Signature of Authorized Officer 		Date 5-20-14	
Printed name of Authorized Officer Jerry Jones			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (434) 636-2274 ext.			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

Transmittal No. 1423

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BURKE'S GARDEN TEL					
Signature of Authorized Officer: Missy Lynch				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgto.net,O=burke's garden tel,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Missy Lynch					
Title or position of Authorized Officer: Office Manager/Secretary					
Telephone number of Authorized Officer: 276-472-2345					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Sapp</span></p>				<p><small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Sapp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-745-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HIGHLAND TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ruth Newman</span></p>				<p><small>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ruth Newman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Co-General Manager/Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-468-2131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190237</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MGW TEL. CO. INC.					
Signature of Authorized Officer: Sheri Smith				<small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Sheri Smith					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 540-925-5235					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW HOPE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-363-6277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190239</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW HOPE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,i=New Hope VA 24469, Date:12/17/2014</small></p> <p>Date: <span style="color: blue;">12/17/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Laurie Hensley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-363-6277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190239</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>			
Signature of Authorized Officer <i>Leon A. Law</i>			Date <b>5-16-14</b>
Printed name of Authorized Officer <b>Leon A. Law</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(540) 626-7111</b> ext.			
Study Area Code of Reporting Carrier	<b>190243</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCOTT COUNTY COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Daniel Odom</span></p>				<p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Daniel Odom</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">276-452-7224</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190248</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190249</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:11/5/2014</small></p> <p>Date: <span style="color: blue;">11/5/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190249</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">11/14/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:12/26/2014</small></p> <p>Date: <span style="color: blue;">12/26/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-946-8677</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190249</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>				<p><small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah tel co, Inc., Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>				<p><small>Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah - nr, Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">540-984-5295</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">197251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG OF WV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Ranko</span></p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Ranko</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-283-0925</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200256</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>SPRUCE KNOB SENECA</b>					
Signature of Authorized Officer: <b>Vickie Colaw</b>				<small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/16/2014</small> Date: <b>5/16/2014</b>	
Printed name of Authorized Officer: <b>Vickie Colaw</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>304-567-2121</b>					
Study Area Code of Reporting Carrier	<b>200257</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WAR TEL LLC</b></p>					
<p>Signature of Authorized Officer:      <b>Dennis Andrews</b></p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/15/2014</p> <p>Date:      <b>5/15/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Dennis Andrews</b></p>					
<p>Title or position of Authorized Officer:      <b>Sr Vice President</b></p>					
<p>Telephone number of Authorized Officer:      <b>256-586-1420</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200258</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WAR TEL LLC					
Signature of Authorized Officer: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:10/28/2014 Date: 10/28/2014	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>HARDY TELECOM</b>					
Signature of Authorized Officer: <b>Scott Sherman</b>				<small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:5/13/2014</small> Date: <b>5/13/2014</b>	
Printed name of Authorized Officer: <b>Scott Sherman</b>					
Title or position of Authorized Officer: <b>General Manager &amp; CEO</b>					
Telephone number of Authorized Officer: <b>304-897-9911</b>					
Study Area Code of Reporting Carrier	<b>200259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <u>ARMSTRONG TEL. CO.</u></p>					
<p>Signature of Authorized Officer:      <u>James Ranko</u></p>				<p>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014</p> <p>Date:      <u>5/19/2014</u></p>	
<p>Printed name of Authorized Officer:      <u>James Ranko</u></p>					
<p>Title or position of Authorized Officer:      <u>Controller</u></p>					
<p>Telephone number of Authorized Officer:      <u>724-283-0925</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>200267</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ITS TELECOMM. SYS.					
Signature of Authorized Officer: Don Pittman				<small>Digitally signed by Don Pittman DN:cn=Don Pittman,email=donp@itstelecom.net,O=its telecom. sys.,l=Indiantown FL 34956, Date:5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Don Pittman					
Title or position of Authorized Officer: Vice President/CFO					
Telephone number of Authorized Officer: 772-597-3767					
Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b>					
Signature of Authorized Officer: <b>Deborah Nobles</b>				<small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,lc=US, Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer: <b>Deborah Nobles</b>					
Title or position of Authorized Officer: <b>VP Regulatory Affairs</b>					
Telephone number of Authorized Officer: <b>904-688-0029</b>					
Study Area Code of Reporting Carrier	<b>210335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Valley Telephone Co., LLC**

Signature of Authorized Officer 

Date **5/9/2014**

Printed name of Authorized Officer **Bruce Schoonover**

Title or position of Authorized Officer **Vice-President Regulatory Compliance**

Telephone number of Authorized Officer: **(706) 645-8116** ext.

Study Area Code of Reporting Carrier

**220324**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kevin Brooks</span></p>				<p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Brooks</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-632-8603</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220344</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRANTLEY TEL CO					
Signature of Authorized Officer: Donovan Strickland				Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Donovan Strickland					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BULLOCH COUNTY RURAL</b>					
Signature of Authorized Officer: <b>John Scott</b>				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/8/2014</small> Date: <b>5/8/2014</b>	
Printed name of Authorized Officer: <b>John Scott</b>					
Title or position of Authorized Officer: <b>General Manager/COO</b>					
Telephone number of Authorized Officer: <b>912-865-1100</b>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHICKAMAUGA TEL CORP					
Signature of Authorized Officer: Charles Fail				<small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Charles Fail					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-764-3463					
Study Area Code of Reporting Carrier	220354		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Citizens Telephone Company, Inc.				
Signature of Authorized Officer: 			Date: 5/8/2014	
Printed name of Authorized Officer: Chad Ledger				
Title or position of Authorized Officer: General Manager				
Telephone number of Authorized Officer: (229) 874-4145 ext.				
Study Area Code of Reporting Carrier: 220355		Filing Due Date for this form (mm/dd/yyyy): 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Darien Telephone Co., Inc.</b>			
Signature of Authorized Officer <i>Mary Lou Forsyth</i>			Date <b>5-9-2014</b>
Printed name of Authorized Officer <b>Mary Lou Forsyth</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(912) 437-6611</b> ext.			
Study Area Code of Reporting Carrier	<b>220358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			




TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD TEL CO					
Signature of Authorized Officer: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/8/2014	
Date: 5/8/2014					
Printed name of Authorized Officer: Janice O'Brien					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Hart Telephone Company</u>			
Signature of Authorized Officer <u><i>Randy Daniel</i></u>			Date <u>05/08/2014</u>
Printed name of Authorized Officer <u>Randy Daniel</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(706) 376-4701</u> ext. <u>        </u>			
Study Area Code of Reporting Carrier	<u>220368</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier ComSouth Telecommunications, Inc.			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Scott Obert-Thorn			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer, (478) 783-4001 ext.			
Study Area Code of Reporting Carrier	220369	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEMBROKE TEL CO					
Signature of Authorized Officer: Mary Anna Hite				<small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Mary Anna Hite					
Title or position of Authorized Officer: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer: 912-653-4389					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported


I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Pineland Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date		5/8/14
Printed name of Authorized Officer				Dustin Darden	
Title or position of Authorized Officer				Executive VP	
Telephone number of Authorized Officer:				(912) 685-2121 ext.	
Study Area Code of Reporting Carrier		220377	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLANTERS RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>				<p><small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Lacienski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-857-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220378</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier PLANT TELEPHONE COMPANY			
Signature of Authorized Officer 			Date 05/08/2014
Printed name of Authorized Officer DANNY E. STERLING			
Title or position of Authorized Officer PRESIDENT & GENERAL MANAGER			
Telephone number of Authorized Officer: (229) 528-4777, ext.			
Study Area Code of Reporting Carrier	220379	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>PROGRESSIVE RURAL</b></p>					
<p>Signature of Authorized Officer:      <b>Wayne Dixon</b></p>				<p>Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:5/9/2014</p>	
<p>Date:      <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Wayne Dixon</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>478-984-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220380</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

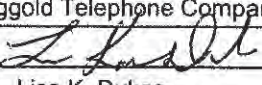


TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier	Public Service Telephone Company			
Signature of Authorized Officer				Date 05/15/14
Printed name of Authorized Officer	James L. Bond			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer:	(478) 847-4111 ext. 6520			
Study Area Code of Reporting Carrier	220381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Ringgold Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/12/2014</b>
Printed name of Authorized Officer <b>Lisa K. Dukes</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(796) 965-2345</b> , ext.			
Study Area Code of Reporting Carrier	<b>220382</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRENTON TEL CO					
Signature of Authorized Officer: Steven Tatum				<small>Digitally signed by Steven Tatum DN: cn=Steven Tatum, email=statum@tvn.net, O=trenton tel co, l= , Date: 5/8/2014</small> Date: 5/8/2014	
Printed name of Authorized Officer: Steven Tatum					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 706-657-4367					
Study Area Code of Reporting Carrier	220389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WAVERLY HALL, LLC</b></p>					
<p>Signature of Authorized Officer:      <b>Robert Jones</b></p>				<p><small>Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=waverly hall, llc,l=Waverly Hall GA 31831, Date:5/9/2014</small></p> <p>Date:      <b>5/9/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Robert Jones</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>706-582-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220392</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILKES TEL &amp; ELC CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">George Dyson</span></p>				<p><small>Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel &amp; elc co,l=Washington GA 30673, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">George Dyson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/Owner</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">706-678-9544</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220394</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Ellerbe Telephone Company				
Signature of Authorized Officer: <i>Jeffrey W Long</i>				Date: 5/19/2014
Printed name of Authorized Officer: Jeffrey W Long				
Title or position of Authorized Officer: Vice President				
Telephone number of Authorized Officer: (910) 652-2221 ext.				
Study Area Code of Reporting Carrier	230478	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier North State Telephone Company dba North State Communications				
Signature of Authorized Officer <i>Lynn B. Welborn</i>			Date 05/20/14	
Printed name of Authorized Officer Lynn B. Welborn				
Title or position of Authorized Officer Vice President - Administration				
Telephone number of Authorized Officer: (336) 886-3766 ext.				
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Town of Pineville dba Pineville Telephone Co</u>			
Signature of Authorized Officer <u>Gary W. Creech</u>			Date <u>5-20-14</u>
Printed name of Authorized Officer <u>Gary W. Creech</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(704) 884-2000</u> ext. _____			
Study Area Code of Reporting Carrier	<u>230494</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Randolph Telephone Membership Corporation**

Signature of Authorized Officer  Date **05/15/2014**

Printed name of Authorized Officer **Frankie L. Cagle**

Title or position of Authorized Officer **CEO/General Manager**

Telephone number of Authorized Officer: **(336) 879-7973** ext.

Study Area Code of Reporting Carrier	<b>230496</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Curtis Taylor				<small>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Curtis Taylor					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 336-374-4535					
Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAR MEMBERSHIP CORP					
Signature of Authorized Officer: Lyman Horne				<small>Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: Lyman Horne					
Title or position of Authorized Officer: EVP & General Manager					
Telephone number of Authorized Officer: 910-564-7827					
Study Area Code of Reporting Carrier	230502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Curtis Taylor				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014 Date: 5/14/2014	
Printed name of Authorized Officer: Curtis Taylor					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 336-374-4535					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **TriCounty Telephone Membership Corp**

Signature of Authorized Officer *Gregory S. Coltrain* Date **5-19-14**

Printed name of Authorized Officer **Gregory S Coltrain**

Title or position of Authorized Officer **CEO/General Manager**

Telephone number of Authorized Officer: **(252) 964-8000**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>230505</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Wilkes Telephone Membership Corporation</b>			
Signature of Authorized Officer 			Date <b>May 8, 2014</b>
Printed name of Authorized Officer <b>Eric S. Cramer</b>			
Title or position of Authorized Officer <b>Chief Executive Officer / General Manager</b>			
Telephone number of Authorized Officer: <b>(336) 973-3103</b>			
Study Area Code of Reporting Carrier	<b>230510</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMETTO RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dewaine Wilson</span></p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dewaine Wilson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">843 538-9382</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240536</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Piedmont Rural Telephone Cooperative, Inc.</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5-8-14</b></p>
<p>Printed name of Authorized Officer <b>Randal J. Odom</b></p>			
<p>Title or position of Authorized Officer <b>Chief Executive Officer</b></p>			
<p>Telephone number of Authorized Officer: <b>(864) 682-3131</b> ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>240538</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PBT TELECOM, INC.					
Signature of Authorized Officer: L. Spearman				<small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc., Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: L. Spearman					
Title or position of Authorized Officer: Director of Business Development					
Telephone number of Authorized Officer: 803-894-1104					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">843-658-6379</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240546</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CAROLINA RURAL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>				<p>Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.net,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/16/2014</p>	
<p>Date: <span style="color: blue;">5/16/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeff Wilson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">864-446-9251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240550</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLOUNTSVILLE TEL LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
(I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.)			
Name of Reporting Carrier <u>Castleberry Telephone Co., Inc</u>			
Signature of Authorized Officer <u>Homer Holland</u>			Date <u>5-12-14</u>
Printed name of Authorized Officer <u>Homer Holland</u>			
Title or position of Authorized Officer <u>Sec / Treas</u>			
Telephone number of Authorized Officer <u>(251) 966-2115</u>			
Study Area Code of Reporting Carrier	<u>250285</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **National Telephone of Alabama, Inc.**

Signature of Authorized Officer

*James W. Garner*

Date **05/21/2014**

Printed name of Authorized Officer **James W. Garner**

Title or position of Authorized Officer **Vice President of Operations**

Telephone number of Authorized Officer: **(601) 354-9070** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**250286**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Farmers Telecommunications Cooperative, Inc.**

Signature of Authorized Officer *Tyler Pair*

Date **05/19/2014**

Printed name of Authorized Officer **Tyler Pair**

Title or position of Authorized Officer **Chief Financial Officer**

Telephone number of Authorized Officer: **(256) 638-2144**, ext.

Study Area Code of Reporting Carrier **250290**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Knology Total Communications, Inc.**

Signature of Authorized Officer

Date **5/9/2014**

Printed name of Authorized Officer **Bruce Schoonover**

Title or position of Authorized Officer **Vice-President Regulatory Compliance**

Telephone number of Authorized Officer: **(706) 645-8116** ext.

Study Area Code of Reporting Carrier

**250295**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>				<p>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/20/2014</p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: HOPPER TELECOMM. LLC					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date: 5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MILLRY TEL CO					
Signature of Authorized Officer: Bobby Williams				<small>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Bobby Williams					
Title or position of Authorized Officer: Vice President and Assistant Secretary					
Telephone number of Authorized Officer: 251-846-2911					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MON-CRE TEL COOP					
Signature of Authorized Officer: Teresa Rich				<small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/16/2014</small> Date: 5/16/2014	
Printed name of Authorized Officer: Teresa Rich					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 334-562-3242					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

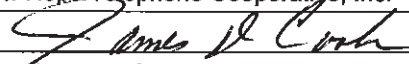
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNDVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">R. Taylor</span></p>				<p>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/13/2014</p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">R. Taylor</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">205-371-9011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>New Hope Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer 		Date <b>05/19/2014</b>	
Printed name of Authorized Officer <b>James D Cook</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(256) 723-4211</b> , ext. <b>311</b>			
Study Area Code of Reporting Carrier	<b>250308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PINE BELT TEL CO					
Signature of Authorized Officer: John Nettles				<small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: John Nettles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Peggy Dickinson</span></p>				<p><small>Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Peggy Dickinson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">205-472-2141</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250316</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Roanoke Telephone Company, Inc.**

Signature of Authorized Officer

*James W. Garner*

Date **05/14/2014**

Printed name of Authorized Officer

**James W. Garner**

Title or position of Authorized Officer

**Vice President of Operations**

Telephone number of Authorized Officer: **(601) 354-9070** ext.

Study Area Code of Reporting Carrier

**250317**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>UNION SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Larry Grogan</b></p>				<p>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/12/2014</p>	
<p>Date:      <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Larry Grogan</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>334-738-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250322</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>UNION SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Larry Grogan</b></p>				<p>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:11/7/2014</p>	
<p>Date:      <b>11/7/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Larry Grogan</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>334-738-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250322</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>11/14/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALLARD RURAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>				<p>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/20/2014</p>	
<p>Date: <span style="color: blue;">5/20/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Grogan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-665-5186</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Brandenburg Telephone Company, Inc.</b>			
Signature of Authorized Officer 			Date
Printed name of Authorized Officer <b>Allison Willoughby</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(270) 422-2121</b> , ext.			
Study Area Code of Reporting Carrier	<b>260398</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DUO COUNTY TEL COOP					
Signature of Authorized Officer: Daryl Hammond				<small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Daryl Hammond					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 270-343-3131					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>FOOTHILLS RURAL COOP</b>					
Signature of Authorized Officer: <b>Ruth Conley</b>				<small>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer: <b>Ruth Conley</b>					
Title or position of Authorized Officer: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer: <b>606-297-9131</b>					
Study Area Code of Reporting Carrier	<b>260406</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP. INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Jimmie Jones			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (606) 743-3121 ext.			
Study Area Code of Reporting Carrier	260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

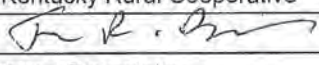
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEOPLES RURAL COOP					
Signature of Authorized Officer: Keith Gabbard				<small>Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:5/13/2014</small> Date: 5/13/2014	
Printed name of Authorized Officer: Keith Gabbard					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 606-287-7101					
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer: William Grigsby				<small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: William Grigsby					
Title or position of Authorized Officer: Vice-President/General Manager					
Telephone number of Authorized Officer: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>West Kentucky Rural Cooperative</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Trevor Bonnstetter</b>			
Title or position of Authorized Officer <b>Chief Executive Officer</b>			
Telephone number of Authorized Officer: <b>(270) 674-1000</b> , ext.			
Study Area Code of Reporting Carrier	<b>260421</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CAMERON TEL CO - LA					
Signature of Authorized Officer: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/12/2014 Date: 5/12/2014	
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Edens</span></p>				<p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,j=Natchitoches LA 71457, Date:5/16/2014</small></p>	
<p>Date: <span style="color: blue;">5/16/2014</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Edens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">318-352-0014</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Delcambre Telephone Co., LLC

Signature of Authorized Officer



Date 5/8/2014

Printed name of Authorized Officer Matt LeBlanc

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (337) 685-2311, ext.

Study Area Code of Reporting Carrier

270428

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ELIZABETH TEL CO					
Signature of Authorized Officer: Bruce Petry				<small>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Bruce Petry					
Title or position of Authorized Officer: President/General Manager					
Telephone number of Authorized Officer: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier		Kaplan Telephone Company		
Signature of Authorized Officer				Date 05/13/2014
Printed name of Authorized Officer		Richard Constantin		
Title or position of Authorized Officer		Controller		
Telephone number of Authorized Officer:		(337) 643-7171 ext.		
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LAFOURCHE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Peter Louviere</b></p>				<p><small>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:5/18/2014</small></p> <p>Date:      <b>5/18/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Peter Louviere</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>985-693-0265</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>270433</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST LOUISIANA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Mike George</span></p>				<p><small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mike George</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President / General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">318-874-7011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270435</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Scott Small</span></p>				<p><small>Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Small</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">985-536-1326</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270438</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Scott Small</span></p>				<p><small>Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:1/6/2015</small></p> <p>Date: <span style="color: blue;">1/6/2015</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Small</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Exec. Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">985-536-1326</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270438</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">1/16/2015</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STAR TEL CO					
Signature of Authorized Officer: Rebecca Knighten				<small>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co, l= , Date: 5/20/2014</small> Date: 5/20/2014	
Printed name of Authorized Officer: Rebecca Knighten					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 225-926-0191					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Bay Springs Telephone Company, Inc.

Signature of Authorized Officer



Date 05/14/2014

Printed name of Authorized Officer James W. Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer: (601) 354-9070 ext.

Study Area Code of Reporting Carrier

280446

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BRUCE TEL CO - MS					
Signature of Authorized Officer: Charles Fail				<small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Charles Fail					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-764-3463					
Study Area Code of Reporting Carrier	280447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>DECATUR TEL CO -MS</b>					
Signature of Authorized Officer: <b>Esther Smith</b>				<small>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/13/2014</small> Date: <b>5/13/2014</b>	
Printed name of Authorized Officer: <b>Esther Smith</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>601-635-2251</b>					
Study Area Code of Reporting Carrier	<b>280451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Delta Telephone Co., Inc.</b>			
Signature of Authorized Officer 			Date <b>5/15/2014</b>
Printed name of Authorized Officer <b>Brooks Derryberry</b>			
Title or position of Authorized Officer <b>Vice President/General Manager</b>			
Telephone number of Authorized Officer: <b>(601) 355-1522</b> ext.			
Study Area Code of Reporting Carrier	<b>280452</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Franklin Telephone Co., Inc.</b>			
Signature of Authorized Officer <i>James H. Creekmore Sr.</i>			Date <b>5/15/2014</b>
Printed name of Authorized Officer <b>James H. Creekmore</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(601) 355-1522</b> ext.			
Study Area Code of Reporting Carrier	<b>280454</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FULTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Charles Fail</span></p>				<p><small>Digitally signed by Charles Fail DN: cn=Charles Fail, email=charlief@nexband.com, O=fulton tel co, I=Bay Springs MS 39422, Date: 5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Charles Fail</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">601-764-3463</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280455</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GEORGETOWN TEL CO					
Signature of Authorized Officer: Joie Miller				<small>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Joie Miller					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 601-858-2211					
Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKESIDE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280457</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NOXAPATER TEL CO					
Signature of Authorized Officer: John Pearce				<small>Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: John Pearce					
Title or position of Authorized Officer: President/CEO					
Telephone number of Authorized Officer: 601-764-3171					
Study Area Code of Reporting Carrier	280461		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOUND BAYOU TEL & CO					
Signature of Authorized Officer: Charles Fail				<small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=mound bayou tel &amp; co,l=Bay Springs MS 39422, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Charles Fail					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-764-3463					
Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/13/2014 Date: 5/13/2014	
Printed name of Authorized Officer: Robert Sledge Jr.					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SMITHVILLE TEL CO					
Signature of Authorized Officer: Roger Thompson				Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer: Roger Thompson					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 662-651-4131					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARDMORE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Trevor Bonnstetter</span></p>				<p><small>Digitally signed by Trevor Bonnstetter DN:cn=Trevor Bonnstetter,email=tbonn@wk.net,O=ardmore tel co,l=Mayfield KY 42066-0649, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Trevor Bonnstetter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-674-1000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290280</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.

Signature of Authorized Officer



Date 5/7/2014

Printed name of Authorized Officer Ray Cantrell

Title or position of Authorized Officer Chief Executive Officer

Telephone number of Authorized Officer: (931) 668-4131 ext.

Study Area Code of Reporting Carrier

290553

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

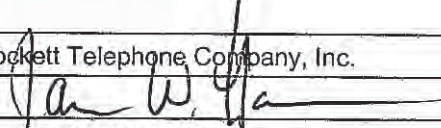
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.				
Signature of Authorized Officer <i>John Lee Downey</i>				Date 5-19-14
Printed name of Authorized Officer John Lee Downey				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (423) 447-2121 ext.				
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of Authorized Officer					
Date			05/14/2014		
Printed name of Authorized Officer			James W. Garner		
Title or position of Authorized Officer			Vice President of Operations		
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290561		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Denise Brown</span></p>				<p><small>Digitally signed by Denise Brown DN: cn=Denise Brown, email=djb54@dtccom.net, O=dekalb tel coop, l=Alexandria TN 37012, Date: 5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Denise Brown</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">615-464-2218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290562</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Highland Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/20/2014</b>
Printed name of Authorized Officer <b>G Mark Patterson</b>			
Title or position of Authorized Officer <b>Chief Operating Officer / General Manager</b>			
Telephone number of Authorized Officer: <b>(423) 628-2121</b> , ext.			
Study Area Code of Reporting Carrier	<b>290565</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LORETTO TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Desda Hutchins</b></p>				<p><small>Digitally signed by Desda Hutchins DN:cn=Desda Hutchins,email=desda@lorettotel.net,O=loretto tel co,l=Loretto TN 38469, Date:5/15/2014</small></p> <p>Date:      <b>5/15/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Desda Hutchins</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>931-853-4351</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290570</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH CENTRAL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Johnny McClanahan</span></p>				<p><small>Digitally signed by Johnny McClanahan DN: cn=Johnny McClanahan, email=johnny.mcclanahan@nctc.com, O=north central coop, l=Lafayette TN 37083, Date: 5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Johnny McClanahan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP Finance and Adm. Services</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">615-666-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290573</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Peoples Telephone Company**

Signature of Authorized Officer

*James W. Garner*

Date **05/14/2014**

Printed name of Authorized Officer **James W. Garner**

Title or position of Authorized Officer **Vice President of Operations**

Telephone number of Authorized Officer: **(601) 354-9070** ext.

Study Area Code of Reporting Carrier

**290576**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TWIN LAKES TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jonathan West</span></p>				<p><small>Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jonathan West</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">931-268-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290579</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UTC-TN-UNITED COMM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tommy Welch</span></p>				<p><small>Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tommy Welch</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Finance and Administration Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">931-364-4324</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290581</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier West Tennessee Telephone Company, Inc.

Signature of Authorized Officer

*James W. Garner*

Date 05/14/2014

Printed name of Authorized Officer James W. Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer: (601) 354-9070 ext.

Study Area Code of Reporting Carrier

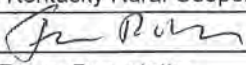
290583

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier West Kentucky Rural Cooperative - Yorkville				
Signature of Authorized Officer 				Date 05/19/2014
Printed name of Authorized Officer Trevor Bonnstetter				
Title or position of Authorized Officer Chief Executive Officer				
Telephone number of Authorized Officer: (270) 674-1000 ext.				
Study Area Code of Reporting Carrier	290598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Eric Roughton					
Title or position of Authorized Officer: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE ARTHUR MUTUAL</b></p>					
<p>Signature of Authorized Officer:      <b>Eric Roughton</b></p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:1/5/2015</p>	
<p>Date:      <b>1/5/2015</b></p>					
<p>Printed name of Authorized Officer:      <b>Eric Roughton</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager/Sec'y/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-393-2233</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300586</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>1/16/2015</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <u>AYERSVILLE TEL CO</u></p>					
<p>Signature of Authorized Officer:      <u>Phil Maag</u></p>				<p>Digitally signed by Phil Maag DN:cnvPhil Maag=emailypmaag, ayers@letelco.com=Ovayers@le tel co+iv =Date:5/7/2014</p>	
<p>Date:      <u>5/7/2014</u></p>					
<p>Printed name of Authorized Officer:      <u>Phil Maag</u></p>					
<p>Title or position of Authorized Officer:      <u>General Manager</u></p>					
<p>Telephone number of Authorized Officer:      <u>419-395-2222</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><u>300588</u></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2014</u></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BASCOM MUTUAL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>				<p><small>Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Reinhart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-937-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300589</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BENTON RIDGE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Ken Williams</span></p>				<p><small>Digitally signed by Ken Williams DN:cn=Ken Williams,email=ken@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816-0180, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ken Williams</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-859-2144</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300590</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>BUCKLAND TELEPHONE COMPANY</u>			
Signature of Authorized Officer <u>Douglas G. Place</u>			Date <u>5/20/14</u>
Printed name of Authorized Officer <u>DOUGLAS G. PLACE</u>			
Title or position of Authorized Officer <u>GENERAL MANAGER</u>			
Telephone number of Authorized Officer: <u>419.657.2226 ext.</u>			
Study Area Code of Reporting Carrier	<u>300591</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE CHAMPAIGN TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Tiffany Ebersold</b></p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co,lc= , Date:5/13/2014</small></p> <p>Date:      <b>5/13/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>937-653-2263</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300594</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MCCLURE TEL CO					
Signature of Authorized Officer: Lance Miller				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer: Lance Miller					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 419-748-8032					
Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONNEAUT TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Deanna Brown</span></p>				<p><small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deanna Brown</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">440-593-7138</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300606</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DOYLESTOWN TEL CO					
Signature of Authorized Officer: Thomas Brockman				Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doysel@bright.net,O=doylestown tel co,lc=, Date:5/8/2014	
Date: 5/8/2014					
Printed name of Authorized Officer: Thomas Brockman					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-658-2121					
Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Bostelman</span></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbos@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Bostelman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-758-3322</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300612</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FORT JENNINGS TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Michael Metzger</b></span></p>				<p><small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Metzger</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-286-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300614</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLANDORF TEL CO					
Signature of Authorized Officer: Linda Heckman				<small>Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer: Linda Heckman					
Title or position of Authorized Officer: Manager/Asst.Treasurer					
Telephone number of Authorized Officer: 419-538-6987					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: KALIDA TEL CO					
Signature of Authorized Officer: Chris Phillips				<small>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer: Chris Phillips					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-532-3218					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDDLE POINT HOME					
Signature of Authorized Officer: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc=, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MINFORD TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/13/2014</p> <p>Date:      <b>5/13/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **NEW KNOXVILLE TELEPHONE COMPANY**

Signature of Authorized Officer

Date **05/21/2014**

Printed name of Authorized Officer **PRESTON MEYER**

Title or position of Authorized Officer **GENERAL MANAGER**

Telephone number of Authorized Officer: **(419) 753-2457**, ext.

Study Area Code of Reporting Carrier

**300639**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE NOVA TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Charles Mattingly</b></p>				<p>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/19/2014</p>	
<p>Date:      <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>903-452-3258</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300644</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>The Ottoville Mutual Telephone Company</b>			
Signature of Authorized Officer <i>William J Honigford</i>			Date <b>05/12/2014</b>
Printed name of Authorized Officer <b>William J Honigford</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(419) 453-3324</b> , ext.			
Study Area Code of Reporting Carrier	<b>300650</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PATTERSONVILLE TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Aaron Jones</span></p>				<p><small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,lc=Carrollton OH 44615, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Aaron Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">330-895-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300651</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Ridgeville Telephone Company				
Signature of Authorized Officer <i>Matthew Eggers</i>				Date 5/14/2014
Printed name of Authorized Officer Matthew Eggers				
Title or position of Authorized Officer President, Board of Directors				
Telephone number of Authorized Officer: (419) 267-5185 ext.				
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SHERWOOD MUTUAL TEL					
Signature of Authorized Officer: Lynn Bergman				<small>Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer: Lynn Bergman					
Title or position of Authorized Officer: Manager					
Telephone number of Authorized Officer: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Steven Ekleberry</span></p>				<p><small>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steven Ekleberry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-927-6012</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300658</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TELEPHONE SERVICE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300659</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>VAUGHNSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Martha Kaplan</b></p>				<p><small>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/20/2014</small></p> <p>Date:      <b>5/20/2014</b></p>	
<p>Printed name of Authorized Officer:      <b>Martha Kaplan</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager/Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-646-3431</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300663</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WABASH MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Mike Boley</b></p>				<p>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/20/2014</p>	
<p>Date:      <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer:      <b>Mike Boley</b></p>					
<p>Title or position of Authorized Officer:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-942-1111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300664</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Bloomington Telephone Company Inc.</b>			
Signature of Authorized Officer 			Date <b>05/19/2014</b>
Printed name of Authorized Officer <b>Mark Bahnson</b>			
Title or position of Authorized Officer <b>CEO/General Manager</b>			
Telephone number of Authorized Officer: <b>(269) 521-7316</b> ext.			
Study Area Code of Reporting Carrier	<b>310679</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMM COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Ron Siegel</span></p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date: 5/18/2014</small></p> <p>Date: <span style="color: blue;">5/18/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ron Siegel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-369-9999</span></p>					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE-MI ALLENDALE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-896-6292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310669</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BARAGA TEL CO					
Signature of Authorized Officer: Paul Stark				<small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer: Paul Stark					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 906-353-6644					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Stoll</span></p>				<p><small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Stoll</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP/GM/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-623-9971</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					